

FILE NOTATIONS

Entered in NID File ✓
Location Map Pinned ✓
Card Indexed ✓

Checked by Chief
Approval Letter
Disapproval Letter

COMPLETION DATA:

Date Well Completed 7-18-78

OW..... WW..... TA.....

GW..... OS..... PA. ✓

Location Inspected

Bond released

State or Fee Land

LOGS FILED

Driller's Log.....

Electric Logs (No.)

E..... I..... Dual I Lat..... GR-N..... Micro.....

BHC Sonic GR..... Lat..... MI-L..... S.

CBLog..... CCLog..... Others.....

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☐

PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☐

OTHER

SINGLE
ZONE ☐

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
Western Corporation

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*
At surface

483 ft. from the south line *SWSWSW*
and 509 ft. from the west line

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

one mile from near post office

15. DISTANCE FROM PROPOSED
LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

300 ft.

16. NO. OF ACRES IN LEASE

19. PROPOSED DEPTH

17. NO. OF ACRES ASSIGNED
TO THIS WELL

18. DISTANCE FROM PROPOSED LOCATION*
TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

200 yards 450 to 500

20. ROTARY OR CABLE TOOLS

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

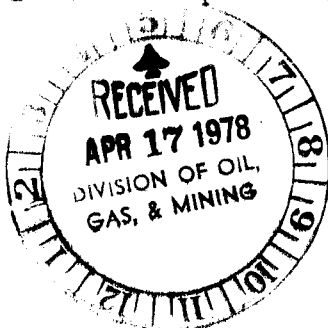
APPROX. DATE WORK WILL START*

23. 4263

PROPOSED CASING AND CEMENTING PROGRAM

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT

we propose to drill 8 3/4 hole to 301feet and set 7" casing
drill 6 1/8 hole thru the shaffer limestone, mendenhall and little
loop zones, set 4 1/2 casing and cement from top to bottom if the well
indicated it will produce.



IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

SIGNED

TITLE

General Manager

(This space for Federal or State office use)

PERMIT NO.

43-037 30434

APPROVAL DATE

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

COMPANY WESGRA OIL CORPORATION

LEASE SKEEN FEDERAL WELL NO. 1

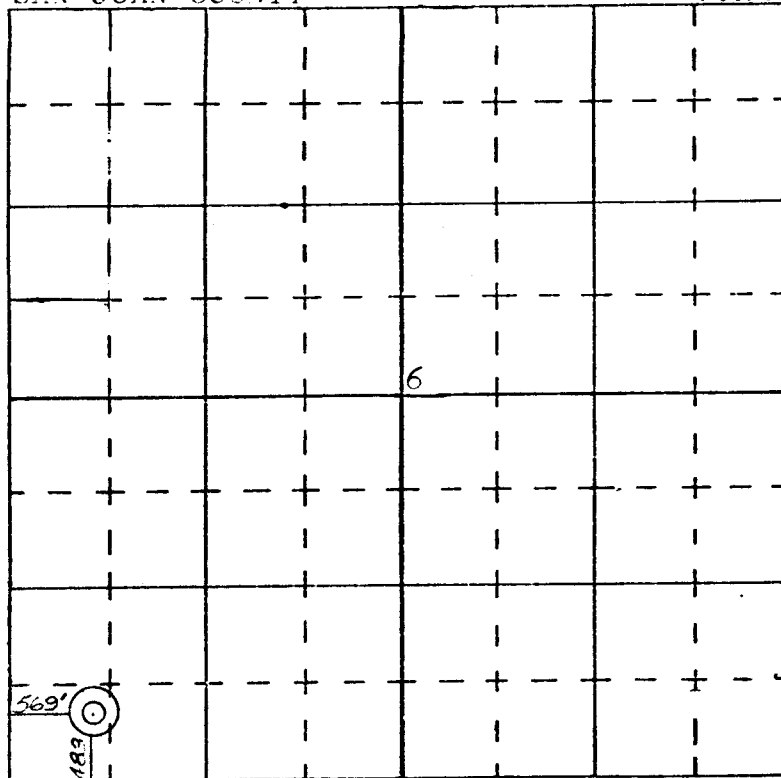
SEC. 6, T. 42 S., R. 19 E. S.I.M.

LOCATION 483 FEET FROM THE SOUTH LINE and
569 FEET FROM THE WEST LINE

ELEVATION 4263 Ungraded Ground

SAN JUAN COUNTY

UTAH



SCALE—4 INCHES EQUALS 1 MILE

THIS IS TO CERTIFY THAT THE ABOVE PLAT WAS PREPARED FROM
FIELD NOTE OF ACTUAL SURVEYS MADE BY ME UNDER MY SUPER-
VISION AND THAT THE SAME ARE TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

SEAL:

James P. Leese
Registered Land Surveyor,
James P. Leese
Utah Reg. # 1472

SURVEYED 19 January, 1978

SAN JUAN ENGINEERING COMPANY, FARMINGTON, N. M.

STATE OF UTAH
DIVISION OF OIL, GAS AND MINING

** FILE NOTATIONS **

Date: April 18-
Operator: Wesgro Corp.
Well No: Skinner Fed. #1
Location: Sec. 6 T. 42S R. 19E County: Salt Lake

File Prepared: ☐ Entered on N.I.D.: ☐
Card Indexed: ☐ Completion Sheet: ☐

API NUMBER: 43-037-30434

CHECKED BY:

Administrative Assistant AW

Remarks: OK

Petroleum Engineer OK

Remarks:

Director 7

Remarks:

INCLUDE WITHIN APPROVAL LETTER:

Bond Required: OK

Survey Plat Required: ☐

Order No. 156-1 ☒

Surface Casing Change ☐
to _____

Rule C-3(a), Topographic exception/company owns or controls acreage
within a 660' radius of proposed site ☐

O.K. Rule C-3 ☐

O.K. In _____ Unit ☐

Other:

☒ Letter Written/Approved

April 24, 1978

Wesgra Corporation
P.O. Box 14
Mexican Hat, Utah 84511

Re: Well No. Skeen Federal #1
Sec. 6, T. 42 S, R. 19 E,
San Juan County, Utah

Gentlemen:

Insofar as this office is concerned, approval to drill the above referred to well is hereby granted in accordance with the Order issued in Cause No. 156-1.

Should you determine that it will be necessary to plug and abandon this well, you are hereby requested to immediately notify the following:

PATRICK L. DRISCOLL - Chief Petroleum Engineer
HOME: 582-7247
OFFICE: 533-5771

Enclosed please find Form OGC-8-X, which is to be completed whether or not water sands (aquifers) are encountered during drilling.

Further, it is requested that this Division be notified within 24 hours after drilling operations commence, and that the drilling contractor and rig number be identified.

The API number assigned to this well is 43-037-30434.

Very truly yours,

DIVISION OF OIL, GAS, AND MINING

CLEON B. FEIGHT
Director

cc: U.S. Geological Survey

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>drilling for oil</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>V-10411</i>
2. NAME OF OPERATOR <i>Wesgra Corp</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 14 Mexican</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>483 ft from south line 509 ft from the west line</i>	8. FARM OR LEASE NAME <i>Skeen Federal</i>
14. PERMIT NO. <i>43-037-30434</i>	9. WELL NO. <i>#1</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4263</i>	10. FIELD AND POOL, OR WILDCAT <i>Mexican Hot</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec 6-42S-19E</i>
	12. COUNTY OR PARISH 13. STATE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

drilled to 580 ft - went thru goodrich Zone - Mandenhall Zone, Little Loop Zone, goose necks Zones - upper & lower no fluids encountered

APPROVED BY THE DIVISION OF
OIL, GAS, AND MINING

DATE: *July 28, 1978*

BY: *PHD Susall*

18. I hereby certify that the foregoing is true and correct

SIGNED *W. Skeen*

TITLE *President*

DATE *7-19-78*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved,
Budget Design No. 42-2355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. TYPE OF WELL: OIL WELL ☐ GAS WELL ☐ DRY ☒ Other ☐b. TYPE OF COMPLETION: NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)

At surface

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUN

16. DATE T.D. REACHED

17. DATE COMPL. (Ready to prod.)

18. REMARKS (DE, REB, RE, ETC.)

20. TOTAL DEPTH, MD & TVD

21. PLUG, BACK T.D., MD & TVD

22. IF MULTIPLE COMPL. HOW MANY*

23. INTERVALS DRILLED BY

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

25. TYPE ELECTRIC AND OTHER LOGS RUN

26. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING
Surface 1 7/8 - 25 p.d.		30'	9 7/8"	Top to 13'

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH (MD)

31. PERFORATION RECORD (Interval, size and number)

30' - 35' interval
65' - 75'
with csg. 335 to 345
Dense matrix 520 to 525

32. ACID, SHOT, FRACTURE, OR OTHER STIMULATION

DEPTH INTERVAL (MD)	AMOUNT OF MATERIAL USED

33. PRODUCTION

DATE FIRST PRODUCTION

PRODUCTION METHOD (Flowing, gas lift, pumping—also name type of pump)

DATE OF TEST

HOURS TESTED

CHOKE SIZE

PROD'N. FOR TEST PERIOD

OIL—BBL.

GAS—MCF.

FLOW, TUBING PRES.

CASING PRESSURE

CALCULATED 24-HOUR RATE

OIL—BBL.

GAS—MCF.

WATER—MCF.

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available data.

SIGNED

TITLE

*(See Instructions and Spaces for Additional Data on Reverse Side)